

No. 300  
10-48

FILED MAR 3 1952

# STANDARD CERTIFICATE OF DEATH

State File No. 5505

BIRTH NO. 11799 REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3030 Registrar's No. 12

1. PLACE OF DEATH  
 a. COUNTY Jefferson  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus  
 c. LENGTH OF STAY (in this place) Life  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 649 W. Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE Mo. b. COUNTY Jefferson  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus  
 d. STREET ADDRESS (If rural, give location) 649 West Main

3. NAME OF DECEASED (Type or Print)  
 a. (First) Sara b. (Middle) Beth c. (Last) Vogt  
 4. DATE OF DEATH (Month) (Day) (Year) 2/ 16/ 52

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married  
 8. DATE OF BIRTH 1/ 29/ 52 9. AGE (In years last birthday) 0 IF UNDER 1 YEAR 0 MONTHS 18 DAYS IF UNDER 24 HRS. 0 MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
 10b. KIND OF BUSINESS OR INDUSTRY  
 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Rudolph H. Vogt 13b. MOTHER'S MAIDEN NAME LaVerne Jokerst 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Rudolph H. Vogt ADDRESS Festus, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
 MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) No jury inquest held. Death was  
 ANTECEDENT CAUSES  
 \*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) established due to  
 DUE TO (c) Suffocation  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

18. INTERVAL BETWEEN ONSET AND DEATH  
 19a. DATE OF OPERATION  
 19b. MAJOR FINDINGS OF OPERATION  
 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Festus Jefferson Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2/ 16/ 52 3:00AM 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul Long Course 23b. ADDRESS RR 1 De Soto Mo. 23c. DATE SIGNED 2/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2/17/52 24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery 24d. LOCATION (City, town, or county) (State) Festus M

DATE REC'D BY LOCAL REG. 2-18-52 REGISTRAR'S SIGNATURE Geoffrey Politt 444 25. FUNERAL DIRECTOR'S SIGNATURE Donald V. Venzard ADDRESS Festus, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

502

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JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
FEB 27 REC'D

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Donald A. Vinyard*

Licensed Embalmer No. *4608*

P. O. Address *Festus Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

52-81-2